

**APPLICATION FOR FEED FACILITY LICENSE**  
**Under The**  
**ARKANSAS FEED LAW AND REGULATIONS**  
**For Calendar Year ending December 31, 20\_\_\_\_\_**

**Instructions:** Complete the sections below and submit to the Arkansas State Plant Board,  
P. O. Box 1069, Little Rock, AR 72203.  
**A separate application is required for each location.**

**Feed Facility License:** Any person or firm who manufactures a commercial feed within this state; or who distributes a commercial feed in or into the state or whose name appears on the label of a commercial feed as guarantor, shall obtain a license for each facility which distributes in or into the state authorizing him to manufacture or distribute commercial feed before he engages in such activity. **Licenses must be renewed by January 15 of each year.** Any new applicant who fails to obtain a license within fifteen (15) working days after notification of the requirement to obtain a license or **any licensee who fails to comply with license renewal requirements shall pay a thirty dollar (\$30.00) late fee in addition to the license fee. Facility licenses expire December 31 of each year.**

Feed Facility License Fee \$10.00 .....Late Fee ( if any)\_\_\_\_\_ AMOUNT ENCLOSED \$\_\_\_\_\_

I hereby certify that I will observe the current Feed Law and Regulations. I understand that failure to comply with such regulations could result in cancellation of my facility license.

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

**Check the appropriate box:**

- ☐ **NEW FACILITY LOCATION / COMPANY**  
☐ **RENEWAL- LICENSE #\_\_\_\_\_ (Required for current registrants)**  
☐ **Corporate Office**  
☐ **Pays Tonnage for others (list in separate paper with the corresponding License #)**  
☐ **Pays Tonnage? (If you don't pay your tonnage, please fill out who pays it.)**

Who pays for tonnage? \_\_\_\_\_

**This company manufactures what type of feed? CHECK ALL THAT APPLIES:**

- ☐ **Livestock**  
☐ **Pet Food**  
☐ **Bird Feed**  
☐ **Mineral & Vitamins**  
☐ **Others \_\_\_\_\_**

**Printed Name of Registering Official:**

\_\_\_\_\_

**Signature**

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved for calendar year ending December 31, 20\_\_\_\_\_.

Approved by Jamey Johnson, Director  
Division of Feed & Fertilizer

**Signature** \_\_\_\_\_

**License** \_\_\_\_\_ **Date:** \_\_\_\_\_